

Charles A. Bon
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORMS TO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11		2		2		
12		2		2		
13		2		2		
14	1		1			
15		2		2		
16		2		2		
17		2		2		
18		2		2		
19		2		2		
20		2		2		
21		2		2		
22		2		2		
23		2		2		
24		2		2		
25		2		2		
26		2		2		
27	1		1			
28						
29	1		1			
30						
31		4		4		
32		4		4		
33		4		4		
34		4		4		
35		4		4		
36		4		4		
37		4		4		
38		4		4		
39		4		4		
40		4		4		
41		4		4		
42		4		4		
43		4		4		
44		4		4		
45		4		4		
46	1		1			
47						
48	1		1			
49		4		4		
50		4		4		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		4		4		
52		4		4		
53		4		4		
54		4		4		
55		4		4		
56		4		4		
57		4		4		
58		4		4		
59		4		4		
60		4		4		
61		4		4		
62		4		4		
63		4		4		
64		4		4		
65	1		1			
66		1		1		
67		1		1		
68		1		1		
69		1		1		
70		1		1		
71		1		1		
72		1		1		
73		1		1		
74		3		3		
75		3		3		
76	1		1			
77		1		1		
78		1		1		
79		1		1		
80		1		1		
81		1		1		
82		1		1		
83		1		1		
84		3		3		
85		3		3		
86		3		3		
87		1		1		
88		1		1		
89		1		1		
90		1		1		
91		1		1		
92		1		1		
93		1		1		
94		1		1		
95		1		1		
96		1		1		
97		1		1		
98		1		1		
99		1		1		
100		1		1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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(FOR USE WITH FORM D-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14	1					
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26	1					
27						
28	1					
29						
30						
31		4				
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		2				
42		2				
43		2				
44		2				
45		2				
46	1					
47						
48	1					
49						
50		4				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65	1					
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		3				
75		3				
76	1					
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83		1				
84		1				
85		3				
86		3				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.	14					
TOTAL DEP.		85				
TOTAL CLAIMS		99				